

**PART B - FEE(S) TRANSMITTAL**

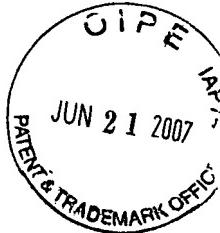
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21559 7590 03/21/2007

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Colleen Lombard	(Depositor's name)
<i>Colleen Lombard</i>	(Signature)
June 18, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/079,609	02/21/2002	Stefan Kochanek	50125/020002	7269

TITLE OF INVENTION: PIGMENT EPITHELIAL CELL OF THE EYE, ITS PRODUCTION AND USE IN THERAPY OF AN EYE OR CNS DISEASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	06/21/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS		06/21/2007 MGEBREM2 00000118 10079609		
WHITEMAN, BRIAN A	1635	435-373000		01 FC:2581 02 FC:1584 03 FC:AB81	700.00 QP 300.00 QP	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				30.00 QP	Clark & Elbing LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.						1 _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.						2 _____
						3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

- Issue Fee  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-2095 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Karen L. Elbing

Typed or printed name Karen L. Elbing, Ph.D.

Date 18 June 2007

Registration No. 35,238

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